

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5		3				
6		3				
7		3				
8		4				
9		3				
10		1				
11		1				
12		1				
13		1				
14		1				
15		2				
16		1				
17		1				
18		1				
19		2				
20		1				
21		1				
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45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51		1						
52		1						
53		1						
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55		1						
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57		1						
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								